Results: Diabetes was more prevalent in those <75yrs ($p<0.05$). Both carotid artery stump pressures of <25 mmHg and MCA velocities of <20cm/sec were more common in those >75yrs ($p<0.005$). There was no difference in the frequency of intraluminal shunt (34% in both groups) or synthetic patch usage (12.5% in those >75yrs versus 11% in those <75yrs for primary patching and 3.4% in both groups for secondary patching), and no difference in the combined 30-day stroke and death rates (1.1% in those >75yrs versus 3.4% in those <75yrs).
Conclusions: CE in this cohort of patients >75yrs was not associated with an increased morbidity or mortality. Intra-operatively reduced carotid stump pressures and MCA velocities were not associated with increased use of shunting or patching. This study supports CE as a safe procedure in the elderly, especially in centres with low complication rates.

VACUUM ASSISTED STEREOTACTIC CORE BIOPSY (VACB): IMPACT ON SURGICAL MANAGEMENT

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The NHSBSP Assessment guidelines (2005) recommend the use of VACB, when conventional core biopsy (CB) fails to provide a non-operative diagnosis in screen detected calcifications. The aim of this study was to evaluate the effectiveness of VACB in this patient group in Leeds Teaching Hospitals NHS Trust.
Methods and Results: VACB was performed in 116 patients between March 2008 and September 2009 as CB failed to give a definitive diagnosis. A definitive benign diagnosis was achieved in 41% (47 of 116) after VACB. 15% (18 of 116) were diagnosed as B3 but after MDT review mammographic follow-up rather than diagnostic excision was advised. In the remaining 51 patients, 34 proceeded to therapeutic excision, which showed invasive malignancy in 14, in-situ malignancy in 16 and no residual malignancy in 4. Seventeen patients required open surgical diagnostic excision; 15 were benign and two had in-situ disease.
Conclusion: VACB is a useful adjunct to diagnosis in patients with screen detected calcifications. • Some patients may still require open diagnostic excision with very low yield of malignancy. • Patients diagnosed with malignancy at VACB with small imaging abnormalities should be counselled that therapeutic excision may not show residual malignancy.

BREAST CANCER DEMOGRAPHIC AND MORPHOLOGIC CHARACTERISTICS FROM A DISTRICT GENERAL HOSPITAL WITH AN ETHNICALLY DIVERSE CATCHMENT

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Background: Various reports show that White and Ethnic groups have different breast cancer (BC) characteristics and outcomes. There are fewer reports on British-Asians.
Aim: To characterise the demographic and morphological features in women treated for symptomatic BC in a London district hospital, serving a 50% ethnic minority population.
Methods: Medical records of all patients diagnosed with BC at NUHT between January and December 2008 were reviewed for demographic, histological and treatment data.
Results: 74 women were included; 40 White and 33 non-White (19 Asian, 14 Black). 63% of Asian women were under 50 years at diagnosis compared with 28% and 29% of White and Black women respectively. 48% of White women were over 70 years at diagnosis. Mastectomy and SLNB rates were similar in all groups but fewer White women (8%) opted for breast-conserving surgery. There was 15% more lobular disease in White women. Grade 3 disease was more common in Black women. Insignificant estrogen and progesterone receptor differences existed between groups but Cerb2 positivity was more frequent in Ethnic women.
Conclusion: Demographic and pathologic variations exist within minority groups. Tumour characteristics are understudied in Asian women who seemingly present younger. Larger molecular marker studies are required in diverse populations.

RAISED ALT AS A PREDICTOR OF BILIARY PANCREATITIS AND POTENTIAL AREAS FOR IMPROVEMENT IN THE MANAGEMENT OF ACUTE GALLSTONE PANCREATITIS

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Introduction: Acute gallstone pancreatitis is a growing health economic problem for the NHS. This audit compared current clinical practice to standards recommended by the UK working party on the management of acute pancreatitis (2003). The relationship between serum ALT levels on admission and gallstone aetiology was also investigated.
Methods: Patients admitted with acute pancreatitis between January 2007 and December 2008 were identified through the hospital coding system and all case notes were reviewed retrospectively. APACHE II scoring system was used for defining severity (APACHE II > 8 = predicted severe pancreatitis).
Results: Data were available for 199 patients. There were 30 patients with predicted severe gallstone pancreatitis and 17 (40%) underwent an urgent ERCP. In total, 54 patients underwent cholecystectomy. The median time interval to surgery was 70 days (IQ range 25 -105). Only 9 patients (17%) underwent surgery within 2 weeks. Logistic regression analysis demonstrated an ALT of >100 U/L was associated with increased likelihood of gallstone aetiology (OR = 9.16 95% CI = 4.69 – 17.92, $p<0.0001$).
Conclusions: This audit highlights potential areas for improvement in the management of gallstone pancreatitis. The results also corroborate previous reports that raised ALT (circa >100 U/l) is clinically useful for predicting an underlying gallstone aetiology.

FEASIBILITY AND OUTCOME OF LIVER RESECTION FOR COLORECTAL LIVER METASTASES

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Aim: To assess the outcomes of liver resection for colorectal liver metastases.
Method: Retrospective analysis of prospective data was carried out on all patients undergoing liver resection by one surgeon. Outcome measures recorded are resectability, transfusion, operative mortality, complications, hospital stay, recurrence and survival.
Results: 119 patients were analysed of which 108 had liver resection and constitute the study group. There were 78 males and 41 females with age range 34 –81 years. There were 60 major and 48 minor resections. 28% of resections were multiple and 72% were single. R0 resection was achieved in 93% patients. Thirty-four patients (31%) needed blood transfusions. There were 2 in hospital deaths due to liver failure and bronchopneumonia. There were 9 post operative complications - bile leak, chest infection, liver failure, peripheral nerve injury and Incisional hernias. The median hospital stay was 7 days. The follow up of patients included in the study ranges from 1 year to 6 years. Short and long term disease free and overall survival curves are calculated.

Conclusion: Liver resection is safe and feasible. Multiple resections are possible and patients should be referred to liver unit for assessment of resection even if they have multiple metastases.

EARLY VERSUS DELAYED APPENDICECTOMY DURING ADMISSION WITH LOWER ABDOMINAL PAIN

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Introduction: The decision to perform appendicectomy in this country is often made following clinical assessment only. Those with an unclear diagnosis undergo a period of observation. This study aimed to compare those having an early operation with those who waited.
Methods: A review of 545 appendicectomies was performed. Patients were split into two groups: those who had appendicectomy on the first or second days of admission (Group A), and those who had their operation on subsequent days (Group B). Comparison was made between the two groups' demographics, laboratory results, post-operative stay and complications.
Results: There were 461 patients in group A and 84 in group B. There were significantly more females in group B ($p = 0.004$). The mean age of the two groups was similar. 80% of patients in group A had appendicitis histologically and 60% in group B. There was a difference between the rate of non-perforated appendicitis between the two groups ($p = 0.02$), but not between perforated appendicitis ($p = 0.63$). The complication rate in group B was higher ($p = 0.03$).
Conclusion: Delaying appendicectomy increased post-operative morbidity. There was also a high rate of negative operation in this group. Early use of radiology may improve diagnostic accuracy in patients where clinical assessment is unclear.

COULD ABSCESS MANAGEMENT BE IMPROVED?

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Abscesses are a common presentation as a general surgical emergency. We undertook an audit of abscess presentations at a teaching hospital. In a six-month period, 233 cases presented, resulting in many overnight admissions. In the audit period, 133 patients were admitted, leading to 129 bookings for theatre and 102 cases performed. Patients were booked for theatre according to deemed urgency. The average time from admission to booking was 11 hours 11 minutes. The mean time from booking to start of procedure was 16 hours and 29 minutes. The mean time from presentation to start of procedure was 24 hours 19 minutes. Non-consultant career grade surgeons performed the majority of cases. The mean duration of procedure was 15 minutes. Only 23.8% of cases were performed within the allocated timescale deemed by category of booking. Abscess management is a neglected surgical emergency, but a procedure in which junior trainees may quickly gain competency. The financial burden exerted by abscesses from a six-month audit quantified the impact of unnecessary overnight stay at £40,800. Arranging urgent elective theatre times for the following day could reduce this. Competent junior surgical trainees could undertake many of these cases.

THE VALUE OF ROUTINE SURVEILLANCE COMPUTERISED TOMOGRAPHY SCAN IN COLORECTAL CANCER FOLLOW-UP

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Recurrent colorectal cancer is often diagnosed at an unresectable stage. CT surveillance for early diagnosis of metastasis has not been ascertained. Our aim was to determine if routine interval computerised tomography (CT) improves the detection of metastases. Patients who underwent curative surgery at one hospital for colorectal cancer and appropriate adjuvant treatment were included in a program of chest, abdominal and pelvic surveillance CT scanning at 6, 12, 18 and 24 months after surgery. Further analysis was made to examine any differences in detection of metastases in relation to initial staging at diagnosis. 235 colorectal cancer patients entered the follow-up programme between January 2000 – 2005. 33 were Dukes A, 113 were Dukes B and 89 were Dukes C. Metastases was found in 42 (31%) of the 137 patients imaged at 6 months, 28 (20%) of the 141 patients imaged at 12 months, 13 (11%) of the 115 patients imaged at 18 months and 16 (16%) of the 100 patients imaged at 24 months. Routine CT is not justified more than one year after surgery in Dukes A patients. In Dukes B and C patients routine surveillance CT identified significant numbers with new metastases for at least two years after surgery.

INFLUENCE OF HOSPITAL AT NIGHT (H@N) ON MORBIDITY AFTER EMERGENCY APPENDICECTOMY

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Aims: H@N reduces the number of trainees providing cover, with the surgical SpR non-resident on call, whilst patients are cared for by a multidisciplinary team. This study aims to evaluate how H@N affects outcomes after emergency appendicectomy.
Methods: A retrospective study of outcomes after appendicectomy over 3 months before (Nov 2008- Jan 2009) and after (Feb 2009- April 2009) introduction of H@N.
Results: We studied 49 patients pre H@N (15 female, median age 29 (6-75)) and 44 patients post H@N (15 female, median age 22 (10-61)). Median time from admission to diagnosis was 2.5 (0.5-96) versus 3 (0.5-23) hours and 7 (0.5-23) versus 10 (0.5-23) hours from diagnosis to operation. Seventeen versus 15 patients had laparoscopic surgery. Median length of stay was 2 days for both groups. Complications occurred in 8 patients pre H@N with 5 re-admissions and in 5 patients post H@N with 3 re-admissions. Histology was normal in 8 versus 4; acute suppurative in 29 versus 34; gangrenous in 2 versus 3 and perforated in 10 versus 3 cases.
Conclusions: H@N has not resulted in any significant delay to diagnosis of and treatment for appendicitis. There was no significant impact on morbidity after emergency appendicectomy.

LIVER TRAUMA: ONE YEAR CASE SERIES FROM A BUSY DGH

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Introduction: Blunt liver trauma accounts for 15-20% of abdominal injuries, and is responsible for more than 50% of mortalities. The size of the liver, its delicate parenchyma, and relatively fixed position make it prone to blunt injury.
Aim: To analyze if blunt liver trauma can be safely managed in a DGH set up with less clinical exposure and experience
Method: A retrospective analysis of 1 yr trauma data with blunt injuries to abdomen with liver injuries at our DGH was carried out Outcome: A total of 5 cases of blunt trauma to liver were isolated, 4 out of 5 had grade 4/5 injuries and were operated at DGH on arrival, and 1 patient had capsular haematoma, and underwent percutaneous drainage. Operative help from